



Louisiana Department of Environmental Quality
FREE OR REDUCED RATE COPY CERTIFICATION FORM

<http://www.ldeq.org/pubrecords>

DIRECTIONS: If you are eligible to receive free or reduced copy fees, **COMPLETE** all information in the fields provided. **Please TYPE or PRINT.** Be sure to **sign and date request.** **SUBMIT** completed form by mail or in person, along with your completed Public Records Request Form ([DEQ Form ISD-0005-01](#)), to Custodian of Records, 1st Floor, LDEQ, P.O. Box 4303, Baton Rouge, LA 70821-4303. You can also fax this form to (225) 219-3175. If you have questions, please call our toll free Customer Information Line at (888) 763-5424. You can also call (225) 219-3168 or email publicrecords@la.gov.

Requestor Information
Please Type or Print

I, (Full name) _____, of (Organization/Company) _____
Mailing address _____
City _____ State _____ Zip _____
Telephone () - _____ Fax () - _____

do hereby certify the following:

Certification for Reduced Copy Fees
Check Appropriate Box

- ☐ I am a citizen of the State of Louisiana who is indigent and lacks the means to pay \$0.25 per copy.
☐ The use of the copies requested will be limited to a public purpose (including, but not limited to use in a hearing before any government regulatory commission). I further certify that this information is not for personal or proprietary use. I understand that if, in the future, the Louisiana Department of Environmental Quality determines my use of the documents to be different than represented here, the Department reserves the right to recover cost for copying at the normal rate.

OR

Certification for Free Copies
Check Appropriate Box

- ☐ The copies requested are solely for use by the federal agency named on the first line of this page
☐ The copies requested are solely for use by the Louisiana state government agency named on the first line of this page. **Please note that local, city, or parish governmental entities are not included.**

Signature _____ Date _____

DO NOT WRITE IN THIS BOX.
RESERVED FOR LDEQ PERSONNEL.

Custodian of Records Received by: _____ Date: _____
Fiscal Services Received by: _____ Date: _____